

**Application to vary a premises licence under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We **Mandy Jane Polkey**

*(Insert name(s) of applicant)*

being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

**Premises licence number**  
BH206054

**Part 1 – Premises Details**

Grassed Overflow Car Park, Wharncliffe Road, Christchurch BH23 5JA

Postal address of premises or, if none, ordnance survey map reference or description

Post town	Christchurch	Postcode	BH23 5JA
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Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£N/A

**Part 2 – Applicant details**

Daytime contact telephone number	[REDACTED]		
E-mail address (optional)	[REDACTED]		
Current postal address if different from premises address	[REDACTED]		
Post town	Christchurch	Postcode	[REDACTED]

### Part 3 - Variation

Please tick as appropriate

Do you want the proposed variation to have effect as soon as possible?  Yes  No

If not, from what date do you want the variation to take effect?

DD    MM    YYYY  
       

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see guidance note 1)  Yes  No

**Please describe briefly the nature of the proposed variation (Please see guidance note 2)**

To extend the current one day licence once a year to a 3 day licence twice a year.

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend:

#### **Part 4 Operating Schedule**

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

**Provision of regulated entertainment (Please see guidance note 3)** **Please tick all that apply**

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g)  
(if ticking yes, fill in box H)

**Provision of late night refreshment** (if ticking yes, fill in box I)

**Supply of alcohol** (if ticking yes, fill in box J)

**In all cases complete boxes K, L and M**

E

<p><b>Live music</b>  <b>Standard days and</b>  <b>timings (please read</b>  <b>guidance note 8)</b></p>			<p><u>Will the performance of live music take place</u>  <u>indoors or outdoors or both – please tick (please</u>  <u>read guidance note 4)</u></p>		Indoors	<input type="checkbox"/>
Day	Start	Finish			Outdoors	<input checked="" type="checkbox"/>
Mon					Both	<input type="checkbox"/>
			<p><u>Please give further details here (please read guidance note 5)</u></p>			
			<p><u>State any seasonal variations for the performance of live music</u>  <u>(please read guidance note 6)</u></p>			
Fri	18:00	22:00	<p><u>Non standard timings. Where you intend to use the premises for the</u>  <u>performance of live music at different times to those listed in the</u>  <u>column on the left, please list (please read guidance note 7)</u></p>			
Sat	11:00	22:00				
Sun	11:00	17:00				

## F

Recorded music Standard days and timings (please read guidance note 8)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 4)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input checked="" type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<u>Please give further details here</u> (please read guidance note 5)	
Thur			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 6)	
Fri	18:00	22:00	<u>Non standard timings. Where you intend to use the premises for the</u> <u>playing of recorded music at different times to those listed in the</u> <u>column on the left, please list</u> (please read guidance note 7)	
Sat	11:00	22:00		
Sun	11:00	17:00		

## G

Performances of dance Standard days and timings (please read guidance note 8)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 4)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input checked="" type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 6)	
Thur				
Fri	18:00	22:00	<b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 7)	
Sat	11:00	22:00		
Sun	11:00	17:00		

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption – please tick (please read guidance note 9)		
Day	Start	Finish	On the premises	<input checked="" type="checkbox"/> x	
Mon			Off the premises	<input type="checkbox"/>	
Tue			Both	<input type="checkbox"/>	
Wed					
Thur					
Fri	18:00	22:00			
Sat	11:00	22:00			
Sun	11:00	17:00			

**State any seasonal variations for the supply of alcohol** (please read guidance note 6)

**Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list** (please read guidance note 7)

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 10).

None

L

<b>Hours premises are open to the public Standard days and timings (please read guidance note 8)</b>			<b><u>State any seasonal variations</u> (please read guidance note 6)</b> This is open park land so is open to the public at all times.
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			<b><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 7)</b>
Fri			
Sat			
Sun			

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking.

Please tick as appropriate

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes, please fill in reasons for not including the licence or part of it below

Reasons why I have not enclosed the premises licence or relevant part of premises licence.

**M** Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

**a) General – all four licensing objectives (b, c, d and e) (please read guidance note 11)**

Same as previous licence.

**b) The prevention of crime and disorder**

**c) Public safety**

**d) The prevention of public nuisance**

**e) The protection of children from harm**

Checklist:

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee; or
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I understand that I must now advertise my application.
- I have enclosed the premises licence or relevant part of it or explanation.
- I understand that if I do not comply with the above requirements my application will be rejected.

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**Part 5 – Signatures** (please read guidance note 12)

Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	05/11/2025
Capacity	Managing Director

Where the premises licence is jointly held, signature of 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other authorised agent (please read guidance note 14). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 15)

Mandy Polkey.

Post town	Christchurch	Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) mandy@eventsbystir.com			

